

if it had. In conclusion the author states: First, that the rays are especially indicated in cases of inoperable cancer of the skin. Second, that the best results are obtained when the disease is confined to the soft parts. Third, that, owing to the complete relief of pain and a superior cosmetic result obtained by this treatment, patients too readily assume that they are well before they really are; therefore, they should be warned that a recurrence may take place. In the discussion of this paper Roberts stated that he believed that the effects on the tissues of the skin of the X-rays were, broadly speaking, of two orders: (1) Those of a kind analogous to burning; (2) specific effects. Röntgen rays appeared to exert a specific action on degenerative epithelium. Rodent ulcer was a purely epithelial disease, and there could be no question that the rays caused a dissolution of the new epithelial cells. The same was true of epithelioma and possibly to some extent of other forms of cancer. The remedial influence of these rays on lupus is to be attributed to their burning action and not to any specific influence.

The Treatment of Fractures of the Extremities.—DEBERSAQUES (*Journ. de Chir. and Annales de la Société Belge de Chir.*, 1902, No. 10) states that Sorel has reported excellent results from the ambulatory method of treatment, and the author has tried this method with success in those rare cases of senile fracture of the tibia in children without tendency to displacement; but he does not believe in it for those fractures of the superior segment of the bone. He has obtained excellent results in cases in which the femur is fractured by continuous extension and in children by the use of Schede's apparatus (extension with the member suspended vertically), and so is loth to give up a method which has proven uniformly successful. Sorel has also recommended allowing cases of resection of the knee to walk with an ambulatory splint after the tenth or twelfth day, but the author believes that this is most undesirable and only tends to produce ankylosis.

THERAPEUTICS.

UNDER THE CHARGE OF

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Treatment of Pneumonia.—DR. DYCE DUCKWORTH speaks of the great need for individualization of the treatment of every pneumonia patient. In the main he advocates the use of a mercurial purge in the opening; this may be all the laxative that is necessary. Then a warm bed and careful nursing is of primary importance. For the treatment of the pyrexia he is

not an advocate of the use of ice bath or of any of the newer antipyretics. Quinine, he finds, fills every indication for pyrexia, and this he administers in 5-grain doses every two, three, or four hours until the reaction takes place. Fluid extract of cinchona may be used alternately with the quinine. A mild saline may be added. On the question of the use of opium in pneumonia he is more for than against, especially for those patients in whom there is no indication of kidney changes. A good plan is to give morphine in small doses with a suitable vehicle, preferably compound spirit of ether. As for the heart failure condition, in the acute engorged pulmonary areas with cyanosis, or even jaundice, he sees an indication for venesection, withdrawing as much as twelve ounces of blood. If the heart begins to falter and the pulse becomes irregular and small, give oxygen and do not put it off until late in the disease. Ten-minute intervals are sufficient. Strychnine is recommended. Digitalis he does not think so serviceable as strychnine. Musk is also advocated. Tincture of musk with Hoffman's anodyne makes an excellent mixture. Two or four ounces, or even more, of brandy a day will prove of service.—*British Medical Journal*, 1902, No. 2188, p. 1573.

Action of Heroin and Dionin on Respiration.—DR. C. R. MARSHALL makes a contribution from a scientific standpoint on the action of these two morphine derivatives. From the standpoint of the pharmacological relation to the chemical formula of these drugs the inference has been drawn that dionin more closely approximates morphine in its action than heroin. It is more sedative to the nerve structures than heroin, is less convulsant, less active on the respiratory centre, and less toxic. Compared with morphine it is less toxic, less sedative, more convulsant, and less depressant to the respiratory centre. Heroin compared with morphine is much more toxic, much more convulsant, and much more active to the respiratory centre. Since the action of these two drugs, particularly on the respiration, is in need of thorough investigation, conclusions are well worth recording. He finds that heroin can prolong inspiration and increase the depth of respiration, but that the limits of its beneficial action, unless simple slowing is required, are soon passed. Slowing is always produced. In moderate doses it depresses the respiratory centre. Dionin appears to be slightly more sedative than codeine, but otherwise it possesses the same action. Heroin has a much greater effect on the respiratory centre, an action which has been compared to the action of digitalis on the heart.—*British Medical Journal*, 1902, p. 1219.

Injections of Yolk of Egg for Tuberculosis.—DR. T. BAYLE makes the ingenious suggestion to use the yolk of egg, rendered more fluid by equal parts of physiological salt solution, by hypodermic injection for the treatment of tuberculosis. At least an ounce may be introduced without fear of setting up a local irritation. The results are claimed to be excellent in those cases of deficient alimentation from severe gastric disturbance. The author holds that the lecithin which is normally present in large amounts in the yolk of the egg is not subjected to the molecular breakdown incident to its passage through the digestive process. The procedure is contrain-